PERSONNEL - OVERTIME	PROJECT TITLE:
	APPLICANT AGENCY:

NAME OF INDIVIDUAL	BASIS FOR COST ESTIMATE	TOTAL COST
OVERTIME SUBTOTAL		$

FRINGE BENEFITS	BASIS FOR COST ESTIMATE	
F.I.C.A. & Medicare (.0765)		
PENSION/RETIREMENT		
LIFE INSURANCE		
MEDICAL INSURANCE		
UNEMPLOYMENT COMPENSATION		
WORKERS' COMPENSATION LIAB.		
OTHER (PLEASE IDENTIFY)		
FRINGE BENEFITS SUBTOTAL		$

State/Federal Share	$		**TOTAL COST**	$
Local Match Share	$		*Reminder: Be sure to add the Overtime Total Costs, State/Federal Share, and Local Match Share to the Personnel totals as indicated in instruction number six above.*	